

Waiver Case Management

Definition: Services that assist participants in gaining access to needed waiver, State plan and other services, regardless of the funding sources for the services to which access is gained. Waiver case managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the individual's level of care as specified in waiver policy. Waiver case managers are responsible for conducting assessments and service plans as specified in waiver policy. This includes the ongoing monitoring of the provision of services included in the participant's service plan. Waiver case managers are responsible for the ongoing monitoring of the participant's health and welfare, which may include crisis intervention, and referral to non-waiver services.

CMS defines Waiver Case Management (WCM) as “a set of activities that are undertaken to ensure that the waiver participant receives appropriate and necessary services. These activities may include (but are not necessarily limited to) assessment, service plan development, service plan implementation and service monitoring as well as assistance in accessing waiver, State Plan, and other non-Medicaid services and resources.”

****Detailed policy requirements for the provision of WCM are outlined in the DDSN Waiver Case Management Standards. A current copy of the standards is maintained on the DDSN website so they are readily available to Waiver Case Managers at all times.**

Providers: Waiver Case Management Services will only be provided by South Carolina Department of Disabilities and Special Needs (DDSN), a Disabilities and Special Needs (DSN) Board, or a DDSN-qualified Waiver Case Management provider.

Arranging for the Services: Once it is determined that Waiver Case Management services are needed, the participant or his/her family must be informed of the right to choose any qualified provider of WCM. The participant or his/her family must be provided with a listing of qualified providers of Waiver Case Management. The offering of choice must be documented. Choice should be offered at a minimum of annually.

The need for Waiver Case Management must be clearly documented in the participant's plan including the amount and frequency of the service and the provider.

Service Limits: SCDHHS will reimburse for no more than 40 units per calendar quarter per participant of WCM. In exceptional cases, where medical necessity has been demonstrated, additional hours over the 40-unit limit can be approved through the prior authorization process.

Monitoring the Services: Waiver Case Managers must ensure that minimum WCM contacts are based on the participant's needs. A WCM contact is defined as “a meaningful communication exchange with the participant or his representative to provide one or more WCM activities. Methods of contact include face to face conversations and non-face to face telephone calls, text messages, email messages, or written correspondence. The minimum requirements for WCM contacts are as follows:

- A contact at least monthly
- A face to face contact at least once every three (3) months
- A face to face contact in the participant's residential setting every six (6) months.

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.